

# ORGANIZATIONAL CONFLICTS OF INTEREST - REVIEW SHEET

ANL SUBCONTRACTOR: \_\_\_\_\_

SUBCONTRACT NO.: \_\_\_\_\_ MODIFICATION NO. \_\_\_\_\_

SUBCONTRACT TERM: \_\_\_\_\_

The following items are either attached or addressed for DOE-Argonne Group review and determination, or used to support DOE pre-approved OCI situations:

Indicate compliance with ☒:

- |  |                                   |                                  |
|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Statement of Work | <input type="checkbox"/> Original | <input type="checkbox"/> Revised |
|--|-----------------------------------|----------------------------------|
- ☐ OCI Disclosure
- ☐ *Name of agency and solicitation number.*
  - ☐ *Name, address, telephone number, federal taxpayer identification number of apparent successful offeror if the disclosure is a consultant or subcontractor.*
  - ☐ *Description of services on the instant contract.*
  - ☐ *A list of past (last 12 months), present or currently planned financial, contractual, organizational or other interests relating to the statement of work. The information shall contain the name, address and telephone number of the client, a description of the work, agency and contract number (if applicable) and a responsible officer or employee of the offeror knowledgeable of the services rendered to the client. The nature and extent of financial interests with any entity or entities is sufficient to allow a meaningful evaluation.*
  - ☐ *A statement that no actual or potential OCI exists with respect to work provided on this contract.*
- ☐ Recommended contractual language to avoid, mitigate, or bar performance due to OCI, including recommendations of ANL Legal.
- ☐ OCI Prohibition Clause
- ☐ Other - Please Identify: \_\_\_\_\_

ANL evaluation/recommendation of OCI:

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**Recommended:**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Concur:**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

cc: Subcontracts Coordinator ☐